

**KANSAS STATE BOARD OF PHARMACY
LONDON STATE OFFICE BUILDING
900 SW JACKSON, ROOM 560
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420**

FEE: 30.00

FOR OFFICE USE ONLY

REG NUMBER: _____

DATE: _____

APPLICATION FOR SAMPLE DRUG DISTRIBUTION REGISTRATION

This application is being made for the following reason: (check all that apply):

_____New _____Change of Address _____Change of Ownership

Previous Kansas License Number (if applicable)_____

NAME OF OWNER

ADDRESS OF OWNER

CITY

STATE

ZIP

TELEPHONE

E-MAIL ADDRESS

Type of ownership is: _____Individual _____Partnership _____Corporation _____Other

IF PARTNERSHIP, attach additional listing of names and percentage of ownership.

IF CORPORATION, attach additional listing of officers and owners of stock

IF OTHER, attach additional sheet indicating the type of ownership.

The owner makes application for registration to distribute sample drugs in the State of Kansas under the name of and at the location as follows:

NAME OF DISTRIBUTOR

PHYSICAL ADDRESS OF DISTRIBUTOR

CITY

STATE

ZIP

COUNTY

E-MAIL ADDRESS

NAMES OF DRUGS BEING SAMPLE DISTRIBUTED- Attach list separately if needed

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL LOCATION FOR RENEWAL
INFORMATION

CITY STATE ZIP TELEPHONE NUMBER

The owner names the following person as the contact agent/authorized representative to do business with the State of Kansas on the owner's behalf:

NAME OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

ADDRESS OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

CITY STATE ZIP COUNTY

OWNER/CORPORATE PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

SIGNATURE OF OWNER/OFFICER

(Seal)

Signed and sworn to (or affirmed) before me on _____ day of _____, 20_____.

SIGNATURE OF NOTARY PUBLIC

My commission expires: _____

AUTHORIZED AGENT PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all statements are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

SIGNATURE OF AUTHORIZED AGENT

(Seal)

Signed and sworn to (or affirmed) before me on _____ day of _____, 20_____.

SIGNATURE OF NOTARY PUBLIC

My commission expires: _____

THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICATION DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/COROPRATE AND CONTACT PERSON/AUTHORIZED REPRESENTATIVE PORTIONS MUST BE SIGNED AND NOTARIZED EVEN IF IT IS THE SAME PERSON.